

Criterion 5: Management Systems

The plan describes the financial resources and staffing necessary to implement the requirements of such plan, including programs to train individuals as providers of mental health services, and the plan emphasizes training of providers of emergency health services regarding mental health. The plan contains a description of the manner in which the state intends to expend the grant for FFY 2004 to carry out the provisions of the plan.

Staffing Resources

Introduction

Human resource development is a key component in crafting a quality system of care. The issue of “staffing” is affected by a number of factors including regulations, provider qualifications, training, recruitment and retention.

State Support

Although the Department does not directly employ or manage the staff of the Regional MH/MR Boards, the Department is responsible for planning for a workforce to meet the demand for services. Traditionally the Department’s role has been indirect, focusing on staff training, technical assistance and the establishment of minimum qualifications for providers. The Department continues in these roles but has taken on a larger, more direct role in addressing the shortage of behavioral health care providers in the state.

Regional Roll-Up

Community mental health services in Kentucky are provided by Regional MH/MR Boards, which are non-profit corporations employing approximately 4000 persons statewide. A small segment of this workforce works exclusively with adults with severe mental illnesses in community support programs. In the recent Plan and Budget submission, Regional MH/MR Boards were asked to identify staff dedicated to serving adults with severe mental illnesses. These Community Support Program (CSP) staff include the following:

Region	SMI Served	Case Mgmt.	Therapeutic Rehabilitation	Outpatient Therapists	Total Dedicated CSP Staff
1	861	6	5	19	11
2	1471	8	5	20	13
3	1623	9	14	4	18
4	2532	16.5	14	51	30.5
5	692	7	17	3	27
6	4959	52	9	49	110
7	1618	6	8	12	14
8	219	3	5	16	8
9/10	1874	12	61.7 *	61.7 *	77.7
11	2170	24	24	17	66.5
12	1290	12	15	6	28
13	1160	9	13	75.5	22
14	2132	17	28	42	45
15	3163	19.8	46.72	179	280

*Combined total of TR and Outpatient staff.

Trends/Challenges

A number of trends and challenges make recruiting and retaining a quality workforce motivated to work in CSP programs a difficult process:

- Low pay for CSP staff, compared with outpatient clinicians;
- Lower status associated with the rehabilitation field;
- Lack of a career ladder;
- Lack of specialized training opportunities that directly relate to one's job duties;
- Limited standards of care in the CSP program; and
- Limited master's level programs in rural areas.

Strategies

The Department's strategies in insuring that the workforce is well trained have been to:

- Provide inexpensive in-service training;
- Establish linkages with universities to promote pre-service and in-service training and to facilitate recruitment;
- Develop staff certification programs in the areas of case management and geriatric assessment and to offer an extensive curriculum in the basics of clinical practice; and
- Encourage the employment of a diverse and qualified work force that is culturally competent and representative of minority persons.

The Department has worked with the state Department of Personnel to identify policies and procedures that impede the recruitment and retention of qualified staff. An agreement between the Department and the state Department of Personnel allows Regional MH/MR Boards to receive names and addresses of eligible persons seeking employment in mental health professions.

Several mechanisms for collecting data are becoming available to KDMHMRS in our on-going efforts to ascertain the supply and demand of Human Resources statewide and to improve the recruitment and retention of mental health professionals within the state. Among them are:

- HB 843 Regional Planning Council's needs assessments;
- A study prepared for the HB 843 Commission on the availability of licensed and certified behavioral health professionals in Kentucky;
- The Olmstead State Plan Committee's strategies for collecting and improving outcomes data; and
- Strategies developed at a regional "Provider Summit" meeting attended by Kentucky representatives in November, 2000.

As a result of the HB 843 process, regional needs assessments provide a basis for assessing behavioral health human resource needs across the state. The comprehensive, point-in-time count of all certified and licensed mental health professionals in Kentucky accomplished for the Commission is now available for comparison against national rates.

Representatives of Kentucky participated in a regional Provider Summit in November, 2000 to increase the availability of behavioral health professionals for states that serve the Appalachian region. The purpose of the Summit was to promote study by states of behavioral health care provider needs and to develop strategies to improve the availability of services and providers. The Health Resources and Services Administration and Substance Abuse and

Mental Health Services Administration jointly sponsored the Summit, and are making on-going technical assistance available to work groups established by participating states. Meetings continue between the Department, Regional MH/MR Boards, Office of Inspector General and state higher education to promote the need for additional trained personnel.

While these initiatives are still in progress, comprehensive, accurate and valuable data are being collected that will assist Kentucky in making national comparisons and in developing meaningful plans to address human resource issues in Kentucky.

Performance Indicators

While there currently is no associated performance indicator for measuring staffing development at the Regional level, several indicators are under consideration. These include:

- Turnover rate in Community Support Programs
- Changes in overall staffing levels dedicated to CSP programs
- Percentage of CSP staff versus overall agency staff
- Percentage of CSP staff with professional credentials (i.e. IAPSRs certification)

Objectives

Regional MH/MR Boards submitted the following plans in this area:

Region	Plan
1	Recruit and hire full complement of staff for the CCSP.
2	In order to insure the availability of competently trained clinicians to provide services at the Center, the Pennyroyal Center will provide internships for: two pre-doctoral psychology interns; and two MSW interns. These interns will each come from different schools and will be trained and developed to potentially become employees of the Center. The Pennyroyal Center will participate in a salary and benefit survey offered by the State association, KARP, and will review both salaries and benefits for relevancy and competitiveness in the marketplace in terms of attracting credentialed and competent clinical staff members.
3	Within sixty days of additional funding hire three case managers.
4	Maintain FY 2003 clinical staff/population ratios.
5	CommuniCare will add one SMI Case Manager in FY04, given financial feasibility.
6	Will maintain the current level of staffing.
7	Add one additional part time (16 hours) staff person in the Florence Adult Services outpatient office. The Adult Services Director will inform appropriate staff of the need to update the NorthKey website when positions are open.
8	Maintain current staff.
9/10	Maintain status quo.
11	All CSP staff will be trained in the Boston University Psychiatric Rehabilitation Role Recovery Technology within one year of employment.
12	Continue to work with DMH/MRS staff to modify the Human Resource Data Set in order to improve accuracy.
13	100% of outpatient therapists will be licensed, certified, professional equivalent or in a program leading to licensure/certification.
14	Maintain current level of staff (17 case managers, 28 therapeutic rehabilitation staff, 41 outpatient therapists, 6 psychiatrists and 2 ARNPs).
15	Current staffing is at adequate levels within major services categories. As vacancies occur, positions are reviewed at least monthly to assess priority level for recruitment. Recommendations for new hires receive highest priority for review and consideration and are generally approved within five working days. Critical positions can be flagged for special disposition. FY 04 measurable objective will be to track the number of "high priority" positions/requests with an expected approval/response time less than five business days for 100% of these instances.

- ❖ **Objective A-5-1: Continue development of MIS capacity to track state facility and Regional MH/MR Board staffing information.**
- ❖ **Objective A-5-2: Provide resources for the development and implementation of the state level work plan created by the Professional Staffing Workgroup of the HB 843 Commission.**
- ❖ **Objective A-5-3: Assist regions with developing evidenced based treatment protocols for specific mental health disorders in adults.**

Cultural Competency

Introduction

As our communities grow more diverse, the need to ensure that mental health service providers are trained and able to provide their services in a culturally competent manner is certainly an area of interest and concern for the Department. In order to provide the best quality mental health services to our consumers, we must have a competent and diverse workforce. Diversity is not just seen in the areas of age, gender, race, ethnicity, religion, color, national origin, disability, and sexual orientation, but is also relevant to work experience, personality, geographic origin, and ability and skill levels.

State Support

The Department acknowledges the importance of employing a diverse and culturally competent workforce, both at the central office and Regional MH/MR Board level. To this end, the Department sponsored and coordinated the development of a cultural competency training curriculum in SFY 97. The curriculum served as the basis for instruction of staff from central office, KDMHMRS operated or contracted facilities, and Regional MH/MR Boards. In an effort to enhance competency across the state, the Department continues to offer specialized “Training of Trainers” (TOT) to Regional MH/MR Boards and facilities.

Regional Roll-Up

In their Plan and Budget document, Regional MH/MR Boards were asked to describe the process for insuring that staff are culturally competent and reflect the diversity of their clientele. Thirteen of fourteen boards described this process. Most require that staff attend special training. Other information gleaned from the Plan and Budget documents include:

- Two regions provide training directly; most rely on the state or private consultants to provide training;
- Nine regions provide training through private consultants; and
- Twelve regions have quality assurance mechanisms used to insure that staff are culturally competent in service delivery.

Trends/Challenges

The major challenge is to move beyond simply providing cultural diversity training to all staff to the development of truly “culturally competent” staff. This will involve not only training but experiential opportunities and the adoption of measurement tools designed to assess

competency. As Kentucky's population remains primarily Caucasian (91%), there is still a sense that cultural competency is not important in many parts of the state.

Strategies

As mentioned above, the Department's main strategy is the provision of a "train-the-trainers" training so that Regional MH/MR Boards can maintain a staff of experienced trainers who can train agency staff as needed. Additionally, the Department includes cultural diversity topics in all major training events held throughout the year.

Performance Indicators

While there currently is no associated performance indicator for measuring cultural competence at the Regional level, several indicators are under consideration. These include:

- Percentage of Regional Board staff who have received cultural competency training;
- Percentage of Regional Board staff who have been assessed (through a test or other measurement tool) to be "culturally competent"; and
- Comparison of the ethnic and racial make-up of staff with the ethnic and racial make-up of clients.

Objectives

Regional MH/MR Boards submitted the following plans in this area:

Region	Plan
1	Insure that all staff attend at least one cultural competency training.
2	Have 100% of new employees and 51% of current staff to have completed cultural competency training by the end of FY 2004.
3	90% of staff will receive a passing grade on test.
4	Provide initial training to all personnel who have had no formal course(s) in cultural diversity.
5	Communcare will host a statewide Cultural Competency Workshop in FY 04 and secure a minimum of three trainers.
6	SCS will provide four trainings on cultural competence designed to promote an awareness and understanding of issues related to diversity.
7	During FY'04, the majority of our clinical/direct care staff will complete an initial/basic level training in cultural competency. ACCESS staff will work together with our Spanish speaking clinicians to develop a menu or answering message which is user friendly for Spanish speaking callers.
8	Comprehend will provide cultural competency training to at least 25% of its entire clinical staff in FY 2004.
9/10	Increase awareness of influx of Hispanic population in our region.
11	40% of all CSP staff will receive training in cultural competency/cultural diversity by January 30, 2004.
12	Develop at least one new quality assurance mechanism for cultural competence if additional funds become available.
13	There will be one or less consumer complaints per fiscal year in which lack of staff cultural sensitivity is part of the problem.
14	Maintain current level of cultural competency through interdisciplinary team psychiatric staffings in the development of treatment plans.
15	All fulltime, non provisional employees will complete required Cultural Diversity training within the first 12 months of employment.

- ❖ **Objective A-5-4:** During SFY 04 develop a list of recommended performance indicators for use in assessing cultural competence at the Regional MH/MR Board level.

Major Training Initiatives

Introduction

KDMHMRS provides, sponsors, or participates in a variety of training initiatives. This includes sponsoring continuing education units (CEUs) for professional board licensure and certification. Many of these initiatives have been referenced in preceding sections but are discussed in detail here.

State Support

On an annual basis the Division of Mental Health provides a number of training events. These include:

Type of Training	Intended Audience	# of Participants	Frequency
Case Management Certification Training	Prospective providers of Adult Targeted Case Management services	Approximately 15-25 per session	Four times per year
Mental Health Institute	Behavioral health providers, consumers and family members	Approximately 1,000	Annually
Case Management /Service Coordination Conference	Providers of Adult and Children's Targeted Case Management services	Approximately 125	Annually
Jailer Training	Jailers and Regional MH/MR Board staff	Approximately 400	Annually
PASRR Training	Regional MH/MR Board staff who will be conducting PASRR evaluations	Approximately 15	Annually
Office of Consumer Advocacy Leadership Academy	Consumers of mental health services	Approximately 30	Annually
Cultural Competency Training of Trainers	Current and prospective providers of Cultural Competency Training at the	Approximately 20	Two times per year

	DMHMRS operated or contracted facilities and Regional MH/MR Board staff		
Community Support Services Training	Directors of Regional MH/MR Board Community Support Programs	Approximately 15	Quarterly
Deaf Awareness Trainings	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Ranges from 5-125 per session	Typically once per month and also on a PRN basis
TTY Assistive Listening Devices Training	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Ranges from 5-125 per session	Typically once per month and also on a PRN basis
What Is Mental Health Training	Kentucky Association for the Deaf	Up to 200	Annually
Domestic Violence and Deafness Training	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Approximately 60	Annually
HIV/AIDS Training	Behavioral health service providers, state operated or contracted facilities, consumers, local interest groups and central	Ranges from 5-125 per session	Annually

Case Management Certification Training

The University of Kansas provided Kentucky's first statewide case management training in the fall of 1986. The model is consumer-driven, emphasizing client strengths and self-determination, the essential nature of the client-case manager relationship, resource acquisition and community integration. KDMHMRS and Medicaid have adopted this model of intensive case management and require case managers to be trained and certified within six

months of employment. This certification training is provided by KDMHMRS and Kentucky Medicaid staff with the assistance of consumers, family members and staff from Regional MH/MR Boards. The training is provided four times per year, in two regions of the state.

To assist with the development and implementation of case management training activities, a Case Management/Service Coordination Advisory Committee, composed of a faculty of case managers, supervisors, consumers, family members, and advocates, was developed in 1993. This advisory committee meets quarterly and provides vision, technical assistance, training opportunities, curriculum development, and direction for mental health case management services in Kentucky.

An additional training curriculum has been developed and expanded to include advanced courses for the experienced case manager (Level II) and specialized training for case management supervisors.

Mental Health Institute

The Department hosts an annual conference called the Mental Health Institute for approximately 1,000 Regional MH/MR Board providers, family members, and consumers. The Institute is a major source of continuing education for behavioral health professionals employed by the Regional MH/MR Boards.

Case Management/Service Coordination Conference

In recognition of the critical role of targeted case managers in Kentucky's system for delivering comprehensive community-based services to adults with severe mental illness and children with severe emotional disturbances, KDMHMRS, with the State Interagency Council for Children with an Emotional Disability, sponsors an annual Case Management/ Service Coordination Conference. The Case Management/Service Coordination Advisory Committee plans, hosts and staffs this annual conference.

Jailer Training

During SFY03 the Department received new state funding to train staff in each of the 85 jails in the Commonwealth in mental health issues.

PASRR Training

The Department sponsors PASRR certification training for staff of the Regional MH/MR Boards who provide PASRR Level II evaluations for persons seeking admission to nursing facilities. The Department also sponsors PASRR skills training through a contract with the University of Kentucky Sanders-Brown Center on Aging.

Leadership Training Institute

The Office of Consumer Advocacy sponsors a Leadership Training Institute for consumers who want to develop their leadership potential. They are nominated by KY CAN and Regional MH/MR Board staff.

Cultural Competency Training

The Department sponsors cultural competency "train-the-trainers" sessions twice per year for interested Regional MH/MR Board and facility staff. The training uses a curriculum developed

in SFY 97. Additionally, two seminars targeted for KDMHMRS central office staff are also provided on an annual basis.

Community Support Services Training

KDMHMRS staff convenes quarterly meetings of directors of Community Support Services programs and staff. These meetings and other training events are ideal settings for the provision of innovative training in evidence based practice and technical assistance from state and national experts in the areas of rehabilitation and recovery, continuity of care, housing, crisis response systems, dual diagnosis and more.

Deaf and Hard of Hearing Training

The KDMHMRS Statewide Coordinator for Deaf and Hard of Hearing Services, along with a new Program Coordinator staff member, continue to provide on-going statewide training, technical assistance and consultation regarding the provision of mental health services and communication with persons who are deaf or hard of hearing. Continued training of Deaf awareness and correct TTY usage is also provided. Additionally, training to inform and empower the deaf and hard of hearing community regarding their rights to services and how to obtain needed, appropriate services is ongoing. Accessing and using technology remains an important aspect of all contacts with providers and consumers.

Training of Emergency Services Personnel

To build on this successful initiative, KDMHMRS uses Block Grant funds to partner with NAMI Kentucky to fund a cross-systems training coordinator. This position works across multiple systems (including mental health, mental retardation, substance abuse, corrections, criminal justice training, jailers association, and Kentucky State Police) to advocate for and coordinate training modules for police officers that encounter persons with severe and persistent mental illness.

Regional Roll-Up

A review of the information from the SFY 04 regional plan applications reveals that:

- Twelve of the Regional Boards offer specialized training opportunities to CSP staff;
- Five Regional Boards now have 21 staff that have earned IAPSRs certification; and
- Ten regions have ongoing training initiatives with local colleges or universities that are described in their annual plans.

As one component of the “decriminalization” of mental illness, each Regional MH/MR Board is responsible to provide education programs to peace officers, emergency service providers, courts, and inpatient psychiatric facilities in their region. Topics included are an overview of the involuntary hospitalization law, the consumer’s need for privacy, the importance of using the least restrictive level of restraint, and how to access evaluators 24 hours a day, seven days a week. A curriculum based on the initial decriminalization training for peace officers is included in the yearly training provided to each peace officer in Kentucky, and is included in the training of adult protective service workers for the Cabinet for Families and Children.

Trends/Challenges

A number of challenges confront the Department and Regional Boards in our effort to develop a well-trained workforce. These challenges include:

- With constant pressures to produce “billable hours”, most clinicians have very little time to devote to training, especially training that is conducted out of the office;
- The cost of sending staff to training is a deterrent to most agencies with limited budgets;
- Training in evidence-based practices is difficult to sustain as it involves a comprehensive set of skills that need to be learned and practiced over time; and
- High turnover among direct service workers forces agencies to focus on basic training topics that all staff must have.

Strategies

The Department’s main strategy has been to sponsor a number of free or inexpensive statewide and focused regional training events through which Regional MH/MR Board staff can earn Continuing Education Units (CEUs) and obtain and maintain necessary certifications or licensures. Other strategies that are being examined include:

- Providing training through the Kentucky Virtual University or other internet based learning environments;
- Coordinating the scheduling of Departmental training and technical assistance events so that Regional Board staff do not have to travel as far or as frequently;
- Posting Department sponsored training events on the web; and
- Providing on-line registration for all training events.

Performance Indicators

While there currently is no associated performance indicator for measuring staffing development at the Regional level, several indicators are under consideration. These include:

- Tracking the number of hours that CSP staff obtain in their specific program area; and
- Tracking the percentage of CSP staff that have obtained IAPSRS or other related certification.

Objectives

Regional MH/MR Boards submitted the following plans in this area:

Region	Plan
1	Advocate to retain CEU allocation, despite budget item vulnerability.
2	The Pennyroyal Center Staff Executive Team will develop a plan for mandated training for employees and seek CEU credits.
3	Incorporate training in annual budget for CSP staff.
4	Continue to provide for adequate staff training necessary to maintain licensure/certification.
5	Work with Lindsey Wilson College to develop a plan to offer Masters Level Social Work courses within the region.
6	SCS will provide quarterly in-service trainings for the SMI staff.

7	Each Adult Services employee will identify with his/her supervisor at least one training need for the upcoming year on the annual performance evaluation. The employee will attend in-service training to fulfill these training needs.
8	Comprehend will work with the new Master's degree program being offered in the fall at Northern Kentucky University.
9/10	Send staff from every county to MHI.
11	To provide continuing training to 100% of CSP staff using the Boston University Technology.
12	During the upcoming biennium KRCC will work with state and regional committees on the development of specialized training program/s for the Kentucky River Region.
13	Continue to collaborate with local universities in providing master level programs leading to certification/licensure in the behavioral health services.
14	Maintain current level of training.
15	During FY 04 employees working with Therapeutic Rehabilitation Programs will be targeted for training opportunities. The goal will be for 100% of direct care staff working in a TRP program to receive a minimum of 8 hours job specific training in addition to the clinical supervision hours and mandatory organizational training already provided.

- ❖ **Objective A-5-5: Conduct follow-up “Training of Trainers” for facility and Regional MH/MR Board cultural diversity trainers on at least an annual basis.**
- ❖ **Objective A-5-6: Develop a Community Support Program (CSP) training plan that identifies core topics and potential presenters, for delivery during quarterly CSP meetings, the Mental Health Institute, the Case Management Conference, and other scheduled CSP training events.**
- ❖ **Objective A-5-7: By June 30, 2004, post all Division of Mental Health sponsored training events on the Department’s web-site.**

Financial Resources

Introduction

KDMHMRS does not provide direct community-based services, but assures the delivery of services through contracts with the fourteen Regional MH/MR Boards.

State Support

CMHS Block Grant funds are subcontracted by the Department to the Boards based on an approved Plan and Budget. The Plan and Budget is the basis for the contractual agreement between the Department and a Regional Board to provide services that are consistent with fund source requirements, departmental priorities, service definitions and standards. Regional MH/MR Boards may subcontract with appropriate community agencies to provide the contracted services.

New Appropriations for SFY 2003-2004

Advocates, Regional Boards and other stakeholders devoted considerable efforts to secure additional funds from the 2002 Kentucky General Assembly. New funding that affects services to adults was received in the following areas:

Project Name	SFY 2003	SFY 2004
Crisis Stabilization Adults and Children	\$2,000,000	\$4,000,000
Olmstead Wraparound Funds	\$1,100,000	\$ 800,000
Jail Training	\$ 275,000	\$ 275,000

Efforts in SFY 04 will focus on continuing the development of new crisis stabilization programs.

SFY 2004 Financial Resources Summary

The following table summarizes the financial resources available for SFY 04 to support the comprehensive array of adult mental health services:

SFY 2004 ALLOCATIONS	
Fund Source	Amount
Restricted MH General Fund & Decrim	\$14,032,940
Flexible MH General Fund & Community Care Support	\$13,366,267
CMHS Block Grant	\$3,861,766
PATH	\$300,000
PASRR	\$1,124,725
Community Medications	\$5,373,100
Personal Care Homes (MHGF)	\$7,561,366
Housing	\$400,000
Acquired Brain Injury	\$3,275,000
Medicaid	\$51,995,763
Other Local	\$13,879,240
Total Adult Allocations	\$115,170,167
CMHS Block Grant Funds allocated to CMHCs for services to either Adults or Children (\$220,448) are not included in the above total.	

SFY 2004 CMHS Block Grant Allocations

The following table illustrates how the CMHS Block Grant funds are being allocated for services to adults with severe mental illness in SFY 04 by the components of the array discussed in Criterion 1:

Component	Block Grant Amount
Consumer and Family Support	\$628,229
Crisis Services	\$145,643
MH Treatment	\$187,421
Case Management & Outreach	\$1,276,738
Housing Options	\$689,673
Rehabilitation Services	\$565,219
Crisis Stabilization	\$153,714
Other (Training, Planning, etc.)	\$215,129
Total SMI	\$3,861,766
CMHS Block Grant Funds allocated to CMHCs for services to either Adults or Children (\$220,448) are not included in the above total.	

SFY 2004 Funded Entities

The table below shows SFY 04 CMHS Block Grant funding by funded entity.

TABLE A	
Region/Contract	Amount of Adults CMHS Award for SFY 04FFY 03
<i>1 – Four Rivers</i>	\$136,201
<i>2 – Pennyroyal</i>	183,823
<i>3 – Green River</i>	201,443
<i>4 – LifeSkills</i>	277,435
<i>5 – Communicare</i>	149,778
<i>6 – Seven Counties</i>	994,908
<i>7 – NorthKey</i>	288,515
<i>8 – Comprehend</i>	35,731
<i>10 – Pathways</i>	234,822
<i>11 – Region XI (Mountain)</i>	182,607
<i>12 – Ky River</i>	80,045
<i>13 – Cumberland River</i>	251,551
<i>14 – ADANTA</i>	124,853
<i>15 - Bluegrass</i>	430,856
<u>Corrections</u>	50,000
<u>KHC</u>	13,333
<u>Voc Rehab</u>	75,000
<u>EKU</u>	150,865
TOTAL	\$3,861,766
<i>Funds allocated to provide MH services For either Adults or Children (not included above)</i>	220,448

A list of funded entities is provided below. These entities will be funded with FFY 2002 funds consistent with priorities of the Mental Health Services Planning Council and the KDMHMRS plan and budget process.

Funded Entities

Regional MH/MR Boards

Region 1

Four Rivers MH/MR Board, Inc.

P O Box 7287

Paducah, Kentucky 42002-7287

Region 2

Pennyroyal Regional MH/MR Board, Inc.

P O Box 614

Hopkinsville, Kentucky 42241-0614

Region 3

River Valley Behavioral Health

P O Box 1637

Owensboro, Kentucky 42302-1637

Region 4

LifeSkills, Inc.

P O Box 6499

Bowling Green, Kentucky 42101-6498

Region 5

Communicare, Inc.

1311 North Dixie Avenue

Elizabethtown, Kentucky 42701

Region 6

Seven Counties Services, Inc.

101 W. Muhammad Ali Blvd.

Louisville, Kentucky 40201

Region 7

NorthKey Community Care

P O Box 2680

Covington, Kentucky 41012

Region 8

Comprehend, Inc.

611 Forest Avenue

Maysville, Kentucky 41056

Region 9/10

Pathways, Inc.

P O Box 790

Ashland, Kentucky 41100

Region 11

Region XI (Mountain Comp. Care Center)

150 South Front Avenue

Prestonsburg, Kentucky 41653

Region 12

Kentucky River Community Care

P O Box 794

Jackson, Kentucky 41339-0794

Region 13

Cumberland River Comp. Care Center

P O Box 568

Corbin, Kentucky 40702

Region 14

The ADANTA Group

259 Parkers Mill Road

Somerset, Kentucky 42501

Region 15

Bluegrass Regional MH/MR Board, Inc.

P O Box 11428

Lexington, Kentucky 40574

Other Funded Entities

Dept of Vocational Rehabilitation

500 Mero Street

Frankfort, Kentucky 40601

Kentucky Housing Corporation

1310 Louisville Road

Frankfort, Kentucky 40601

Eastern Kentucky University

100 Stratton Building

Richmond, Kentucky 40675

Trends/Challenges

The obvious challenge for the Department is to maintain existing programs while Kentucky, along with most other states, face a growing crisis in state revenues. Other challenges include:

- Maintaining a focus on serving those most in need while allowing greater fiscal flexibility at the regional level;
- Expecting the same level of outcomes from programs that have not had an increase in funding in a decade; and
- Maintaining safety net services (e.g. crisis services) at the Regional level.

Strategies

Strategies used by the Department include:

- Moving toward performance based contracting (allowing greater flexibility while holding Regional Boards more accountable for outcomes);
- Moving the focus to developing effective systems of care for adults with severe mental illnesses from developing specific program interventions; and
- Developing focused biennium budget requests that are based on a strong needs assessment, in concert with the HB 843 Commission.

Performance Indicators

Two indicators have been selected to measure performance in this area:

- *Community Service Proportion of State Mental Health Funding*: a measure of the percentage of KDMHMRS mental health funds allocated for regional, non-institutional program.
- *Per Capita State Mental Health Expenditures*: a measure of the total KDMHMRS mental health funds spent per person in Kentucky.

See Appendix A – Performance Indicators.

Objectives

Regional MH/MR Boards submitted the following plans in this area:

Region	Plan
1	Advocate for an increase in the Community Care Dollars provided by DMH.
2	The Pennyroyal Center will maximize billings to all third-party payment sources by more effectively matching provider credentials with payor requirements. Also, billings will be processed more quickly and electronic billing mechanisms will be utilized for all major billing sources. The result will be a 4% increase in fee-for-service during Fiscal Year 2004.
3	Work with HB 843 committee to find additional funds for SPMI population.
4	No response.
5	Communicare will relocate Crisis Line to the Adult Crisis Stabilization Unit in concert with local NAMI in FY 04.
6	Will develop and provide psych ed modules regarding illness education and management for SMI adults at all sites to stretch available funds.
7	Continue Crisis Stabilization Services delivery as proposed for FY '03 and as projected to expand in FY '04.
8	Maintain current level of services in the face of decreased or flat funding in FY 2004.

9/10	No response.
11	MCCC continues to be financially stable and able to operate in excess of 70 days with cash on hand.
12	Monitor and assess effectiveness of the spending plan.
13	Work with the Regional Planning Counsel on utilizing existing services and agencies to serve adults with severe mental illness. This will be accomplished, as long as funding does not significantly decrease, by continuing a full array of services to the SMI population through June 30, 2004.
14	Maintain current level.
15	Apply for at least two new funding sources for housing options for individuals with SMI.

- ❖ **Objective A-5-8: Develop a biennium budget request by August 30, 2003 that reflects the priorities established by the Mental Health Services Planning Council and the HB 843 Commission and that provides significant new funding for the “safety net” services at the regional level.**

Comments of the Mental Health Services Planning Council

No comments.